Da Costa (J. M.)
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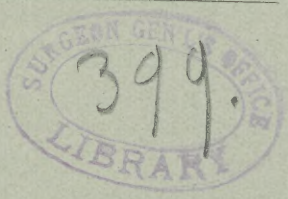

OBSERVATIONS ON CATARRHAL FEVER.

By

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THOSE engaged in active medical practice must have been struck with the widespread prevalence of an epidemic of catarrhal fever presenting many curious features. As it is only by a study of all such epidemics that we shall ever learn fully to understand this dissimilar malady, I trust it may not prove without value to record before the College my individual experience with it.

The disorder begins almost invariably in a sudden manner, sometimes with a chill, quite as often without it. I have known persons well in the afternoon, and in the evening with a decided fever, and suffering all the discomforts of the catarrhal malady. Among the first signs of this are pain in the throat, and a feeling as if it were filled up, yet looking at it nothing is seen but redness and some relaxation. Fever is by this time developed, at first of only moderate intensity and with a quick but very compressible pulse. Dry cough soon becomes a feature, occurring not infrequently in paroxysms, and now and then combined with loss of voice, and with difficulty in swallowing. The chest walls are sore, and the cough is painful.

Frequent, rather difficult breathing, not associated with any marked physical signs except feebleness of respiratory murmur, is a common symptom. As the malady progresses, more obvious signs of bronchial catarrh may happen, and harsh breathing and dry rales be found on listening to the chest. But here and there will be a spot still marked by feeble breathing, a spot of seeming congestion of the lung and of impaired expansion. Scanty tenacious sputum, blood streaked, is perhaps noticed, to become more copious and purulent only in cases in which the bronchial catarrh is prominent. The eyes are, as a rule, injected or watery, but nasal catarrh does not exist. Yet late in the disease it may come on, and the malady pass off, in the language of the patient, by a bad cold in the head. Besides these catarrhal symptoms, are pains,—chest pains, pains in the neck and scalp, pains in the loins and limbs. The chest pains are most peculiar and severe. They are sharp and like pleurisy, indeed they are so regarded. But only impaired respiration exists, friction does not, save in the rarest instances; and the character of the pain, its having its seat in the chest walls, is shown by its transferring itself with rapidity from one side to the other.

The state of the skin is at first dry and harsh. It becomes soft and clammy as the disorder advances, and copious sweats, especially at night, are common. The face at the outset is apt to be flushed, and what has particularly struck me in this epidemic as a feature which I cannot recall to have noticed so strikingly before, is a curious irregular mottling of the surface. This is very marked on the neck and breast, and might easily cause the case to be mistaken for

scarlet fever or for German measles. But when closely looked at, it is seen how the capillary injection is really quite unlike the eruption of either.

As temperature observations on catarrhal fever are very imperfect, I recorded whenever a good opportunity offered as many as possible. Here is a case in which with the aid of a very intelligent nurse they were made three or four times daily, and begun a few hours after the first symptoms had manifested themselves.

1*st day.* 2.30 A. M., 102.2°; 6.45 A. M., 100.8°; 8 P. M., 101°.

2*d day.* 11 A. M., 100.8°; 9 P. M., 101.6°.

3*d day.* 2 A. M., 104°; 10.30 A. M., 101.5°; 3 P. M., 101.5°; 6 P. M., 103°; 9 P. M., 105°.

4*th day.* 7 A. M., 101.5°; 9 A. M., 99.5°; 11 A. M., 100°; 6 P. M., 100°.

5*th day.* 11 A. M., 99.2°; 9 P. M., 99.6°.

6*th day.* A. M., 99°.

7*th day.* A. M. 98.5°, no evening rise.

This temperature was the highest I have met with in an uncomplicated case. It attained its height on the third day, and is seen to be very irregular. In truth, irregularity of temperature is one of the characteristic features. The temperature is apt to be irregular until the whole disorder markedly declines, when it by gradual degrees, but in the space of a day or two, returns to the normal.

Next to the catarrhal and febrile symptoms the gastro-intestinal claim attention. Disgust for food, pasty tongue, are very usual, and attacks of diarrhœa not unusual. In some cases, indeed, the intestinal

catarrhal symptoms are far the most prominent, and it may be that only with their subsidence the bronchial catarrh appears. Nor is it always a simple diarrhœa. Seizures bespeaking an irritation of the large intestine, diarrhœas soon merging into dysenteries form quite a fair proportion of the cases. The urine is high colored, scanty, but free from albumen, even in cases with a temperature of 105°. Only in instances of most marked pulmonary congestion have I known it to contain albumen, and then but in small quantities.

As regards the nervous symptoms, great lassitude, restless nights, and marked hebetude strike us most. With reference to the drowsiness, it is often so decided, that it is difficult to believe that the patient has not taken opium. Delirium I did not once encounter; nor were the cutaneous hyperæsthesiæ as common as I have noticed them in other epidemics. In truth, on the whole, the nervous phenomena, except the hebetude, were less pronounced.

The duration of the disease is a short one. It does not, unless kept up by complications, exceed a week; nor did I see a fatal case, unless from complications. During the rather tardy convalescence, what forces itself on our attention is the weakness with the decided loss of flesh which so short a disease has occasioned. Of course, I am speaking only of marked cases, and not of the slight ones of a few days' duration that abound as a light manifestation of the epidemic influence. Glandular enlargements are very occasionally met with during the convalescence; more often did I notice inflammation of the antrum with its distracting headache and sense of fulness and pain.

I have just alluded to the complications. Pneumonia, catarrhal and lobar, is the most common. And I am quite clear that the great prevalence just now of pneumonia must be mainly ascribed to the influence of the poison of the catarrhal fever. But this is too large a question to enter into here; as it would equally lead me too far to inquire whether there are any clinical differences which separate these pneumonias of epidemic origin from those originating from other causes.

Besides pneumonia, I have met with overwhelming attacks of pulmonary congestion. One, for instance, seen with a medical friend, in which a bright lad of sixteen perished who had not been ill forty-eight hours; perished with bloody tenacious sputum, temperature of 104.8°, intense dyspnœa, heavily congested lungs terminating in œdema, and amid vanishing pulse, wild struggles for life, and signs of non-aerated blood—in whom nevertheless there were no spots of dulness or bronchial breathing or other evidences of consolidation to be detected. Then I saw with Dr. Herbert Norris, in a previously healthy, although rather delicate, young woman, who was seized with catarrhal fever just as her little girl was fairly convalescent from it, rapid phthisis develop itself; primarily in the lung which three or four days after the acute setting in of the catarrhal malady had slowly advanced to imperfect consolidation at its lower part, then more rapidly in the right. On the side first affected a large cavity formed in the lower lobe and became manifest on about the twelfth day of the disease. The whole duration of the case was just

three weeks; the only instance of tubercular affection to be traced in the family was that of an aunt.

Another complication I have met with is gangrene of the lung. I saw such a case with Dr. Girvin. The sputum was horribly offensive, the wasting decided; a spot at the upper part of the left lung was gangrenous. These symptoms had set in acutely, about ten days after an attack of catarrhal fever in a young woman before in good health.

There is generally little difficulty in the diagnosis of the epidemic malady; the catarrhal symptoms, the signs of the general disorder, are very manifest. Occasionally a puzzling case happens; as for instance, one in a young girl with nose-bleed, with diarrhœa, with high temperature, all within the first week of the disease. Yet the sequence of the phenomena prevented the affection from being mistaken for typhoid fever. The nose-bleed came on after the marked catarrhal symptoms; the diarrhœa appeared on the fourth day, and lasted only forty-eight hours; the high temperature continued but for a day, and then there were very irregular variations until, by the eighth day, the temperature had declined to normal.

One of the most interesting features of the present epidemic is its infectious character. In one household five members took it in succession; in another, it began with grandchild and ended with grandmother, after two children, mother, and three servants had had it. Nor are those exempt who are confined to the house. One of the most marked cases I encountered was in a lady who has been for five years

bedridden; in another, the patient had not been out of doors for ten months.

As regards the treatment I have nothing to add to what is well known. It has to be symptomatic; and in the very young and the very old decidedly supportive. My experience, however, makes me urge the advantage of employing quinine almost from the start; and has taught me that small, repeated doses of opium have a most happy, steadying, and distress-allaying influence.